BEST AVAILABLE COPY

	Application or Docket Number								per		
	PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999 GRANGE										
	CLAIMS AS FILED - PART I (Column 1) (Column 2)						LL E	NTITY	OR	OTHER SMALL E	
FO	R	NUMBE	R FILED	NUMBER I	EXTRA	RAT	Е	FEE		RATE	FEE
BAS	SIC FEE							345.00	OR		690.00
TO	TAL CLAIMS	2	21 minus 20= * 7			X\$ 9)=	63	OR	X\$18=	
IND	EPENDENT CL	AIMS	minus 3 = *			X39	=	39	OR	X78=	
MULTIPLE DEPENDENT CLAIM PRESENT						+130)=		OR	+260=	
* If the difference in column 1 is less than zero, enter "0" in column 2						TOT		uun	OR	TOTAL	
	CI	LAIMS AS A	MENDED	- PART II			ļ	<u> </u>		OTHER	THAN
		(Column 1)		(Column 2)	(Column 3)	SMA	LLE	ENTITY	OR .	SMALL E	NTITY
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	Ē	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MON	Total	*	Minus	**	=	X\$ 9)=		OR	X\$18=	
AMENDMENT	Independent	*	Minus	***	=	X39)=		OR	X78=	
	FIRST PRESE	NTATION OF M	JLTIPLE DEP	ENDENT CLAIM		+130)=		OR	+260=	
						TC	TAL			TOTAL	
		(0.14)		(Column 2)	(Column 3)	ADDIT.	FEE		1011	ADDIT. FEE	
	TOTAL STATE OF THE	(Column 1) CLAIMS	机物 的 激神机	(Column 2) HIGHEST	(Column 3)	-	_	ADDI-			ADDI-
MENT B		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	Έ	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**	=	X\$ 9	9=		OR	X\$18=	
AMEND	Independent	*	Minus	***	=	X39)=		OR	X78=	
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDENT CLAIM	1	10			1	+260=	
			.•			+13		<u> </u>	OR	TOTAL	
						ADDIT.	FEE.		OR	ADDIT. FEE	
·		(Column 1)		(Column 2)	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RA	ſΕ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	=	X\$	9= ·		ОŘ	X\$18=	
AEN	Independent	*	Minus	***	=	X39			OR	X78=	
Ľ	FIRST PRESE	ENTATION OF M	IULTIPLE DEF	PENDENT CLAIM	1				1	000	
				Oit - 408 i	olumn 3	+13			OR	+260=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ADDIT. FEE											
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

Total Fee Calculation

•	Fee Code	Total # Claims	Number Extra	x	Fee	Fee	-	Total
	Sm./Lg.				Sm. Entity	Lg. Entity		2,00
Basic Filing Fee	201/101	00	Н		345	690	<u> </u>	342
Total Claims >20	203/103	-20 =		x	.9	18	=	<u>45</u>
Independent Claims >3	202/102	-3=	1	x	34	<u> 18</u>	=	39
Mult. Dep Claim Present	204/104				130	260	=	
Surcharge	205/105				<u>65</u>	130	-	•
English Translation	139							
TOTAL FEE CALCULA	ATION							447

Fees due upon filing the application:

rees due apon minig die app	noadon.	lsun
Total Filing Fees Due =	\$	79.1
Less Filing Fees Submitted	-\$	345
BALANCE DUE	= \$	102
$\sqrt{1}$		

Office of Initial Patent Examination